

<b>Case Number:</b>	CM13-0014651		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	07/10/2010
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 60-year-old male who reported an injury on 04/08/2010 due to cumulative trauma while performing normal job duties. The patient underwent a left knee meniscectomy followed by postoperative physical therapy. The patient's most recent clinical examination findings included tenderness and spasming to palpation over the paravertebral lumbar musculature with decreased range of motion with flexion and extension. Evaluation of the knees revealed decreased range of motion in flexion and extension of the bilateral knees with medial and lateral joint line tenderness. The patient's diagnoses included lumbosacral radiculopathy and knee tendonitis/bursitis. The patient's treatment plan included limiting activities and the continuation of Lunesta.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Pain

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested MRI of the lumbar spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends imaging studies when there are documented clinical findings of nerve root impingement. The clinical documentation submitted for review does not provide any evidence that the patient has any nerve root involvement. There is no evaluation to determine if the patient's pain is radicular in nature. Therefore, an MRI of the lumbar spine would not be supported. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.

**Physical Therapy x 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The requested physical therapy times 12 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously participated in physical therapy. However, whether any of that therapy was focused on the lumbar spine is not specifically identified. However, the patient should be well-versed in a home exercise program due to the length of the injury. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain functional levels obtained during skilled supervised therapy. Although a short course of therapy, to include 2 to 3 visits, may be indicated to re-establish and re-educate the patient in a home exercise program, this request exceeds that recommendation. As such, the requested physical therapy times 12 visits is not medically necessary or appropriate.

**Lunesta:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Pain Chapter, Insomnia Treatment

**Decision rationale:** The requested Lunesta is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. The Official Disability Guidelines do recommend the use of Lunesta for the long-term treatment of insomnia related to chronic pain. However, the clinical documentation submitted for review does not provide any evidence of functional benefit or symptom response to support continued use as recommended by the California Medical Treatment Utilization Schedule. The clinical documentation submitted for review does not evaluate the patient's sleep hygiene to support the efficacy of this medication. As such, the requested medication, Lunesta, is not medically necessary or appropriate.

